

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 29 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02080050227

**1. Corporation Name**

The BTP Group, Inc

**2. Principal Office Address**

7680 Universal Blvd

Suite, Apt. #, etc.

198

City & State

Orlando FL

Zip

32819

Country

USA

**3. Mailing Office Address**

PO Box 174

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05-02-02

**5. FEI Number**

01-0687318

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Stacy Lyles

Street Address (P.O. Box Number is Not Acceptable)

7680 Universal Blvd

Suite, Apt. #, Etc.

198

City

Orlando

700038415517

06/29/04--01026--003 \*\*908.75

State

FL

Zip Code

32819

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Stacy Lyles

REGISTERED AGENT MUST SIGN

Date

4-15-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	William A. Konstand	7680 Universal Blvd Ste 198	Orlando, FL 32819

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

407-398-6626

Daytime Phone #

CP20081 (01/04)